			ICWA-0	
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):			FOR COURT USE ONLY	
TELEPHONE NO.:	FAX NO. (Optional):			
E-MAIL ADDRESS (Optional):	TAX NO. (Optional).			
ATTORNEY FOR (Name):				
SUPERIOR COURT OF CALIFORNIA, COUNT	Y OF			
STREET ADDRESS:				
MAILING ADDRESS:				
CITY AND ZIP CODE:				
BRANCH NAME:				
CHILD'S NAME:				
G11122 G 1 W 111121				
		CASE NUMBE	ER:	
NOTICE OF BETITION AND F	DETITION TO TRANSFER CASE			
NOTICE OF PETITION AND PETITION TO TRANSFER CASE INVOLVING AN INDIAN CHILD TO TRIBAL JURISDICTION		RELATED CA	SES (if any):	
INVOLVING AN INDIAN CHIL	LD TO TRIBAL JURISDICTION			
TO ALL PARTIES:				
1. A hearing on this petition will be held as follows:	llows:			
The same growing and the same as the				
a. Date:	Time:	Dept.:	Room:	
b. Address of court: same as not	ed above other (specify):			
2. Child's name:		Date of birth:		
3. On behalf of the parent Indian custodian child's tribe, I ask the court to transfer jurisdiction over the				
above named child's case to the jurisdicti	on of the tribe listed below:			
Name of federally recognized tribe:				
	a badu			
Name of tribal court or tribal administrativ	e body.			
Street address:				
Mailing address of court:				
City, state, and zip code:				
Telephone:	Fax:			
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I de alore condense established in the state of the state	ave af the Otata of Oally 11 of 11	fanansins J. H. C.	alamanda ana taura a di di	
I declare under penalty of perjury under the la	aws of the State of California that the	ioregoing and all attac	criments are true and correct.	
Date:				
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CHILD'S NAME:	CASE NUMBER:				
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PROOF OF SERVICE					
Notice of Petition and Petition to Transfer Case Involving an Indian Child to parties or attorneys for the parties. After getting a hearing date from the coof age EXCEPT A PARTY in this action may personally serve or mail the risign the proof of service. This form may not be filed with the court until all transfer cannot be heard for juvenile dependency cases until after the JV-for juvenile delinquency cases not until after the jurisdiction hearing, and for	court clerk and completing the form, anyone at least 18 years request. The person who serves the notice must fill out and the parties or their attorneys are served. A request to -100 or JV-110, <i>Juvenile Dependency Petition</i> has been filed,				
1. At the time of service I was at least 18 years of age and not a party to the	the legal action.				
2. I served a copy of form ICWA-050 and all attachments as follows (check	ck either a or b below for each person served):				
a. Personal service. I personally delivered a copy of form ICWA-050 and all attachments as follows:					
(1) Name of child's attorney (if applicable) served:	(2) Name of parent (if self-represented) or parent's attorney (if applicable) served				
(a) Address:	(a) Address:				
(b) Date of delivery:(c) Time of delivery:(3) Name of Appointed Special Advocate (if applicable) served:	(b) Date of delivery: (c) Time of delivery: (4) Name of social worker (dependency only) or probation officer (delinquency only)				
(a) Address:	served:				
	(a) Address:				
(b) Date of delivery:(c) Time of delivery:	(b) Date of delivery:(c) Time of delivery:				
(a) Address:	(6) Attorney for child welfare services agency (dependency only) served: (a) Address:				
(b) Date of delivery:(c) Time of delivery:	(b) Date of delivery:(c) Time of delivery:				
(7) Name of parent (if self-represented) or parent's attorney (if applicable) served: (a) Address:	: [(8) District Attorney (delinquency only) served: (a) Address:				
(b) Date of delivery:(c) Time of delivery:	(b) Date of delivery:(c) Time of delivery:				

ICWA-050

CHILD'S NAME:	CASE NUMBER:		
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b. Mail. I deposited a copy of form ICWA-050 and all attachme postage fully prepaid, addressed as follows:	ents in the United States mail, in a sealed envelope with		
(1) Name of child's attorney (if applicable) served:	(2) Name of parent (if self-represented) or parent's attorney (if applicable) served:		
(a) Address:	(a) Address:		
(b) Date of deposit:			
(c) Place of deposit:	(b) Date of deposit:(c) Place of deposit:		
(3) Name of Appointed Special Advocate (if applicable) served:	(4) Name of social worker (dependency only)		
(a) Address:	or probation officer (delinquency only) served:		
	(a) Address:		
(b) Date of deposit:			
(c) Place of deposit:	(b) Date of deposit:		
	(c) Place of deposit:		
(5) Name of child's caregiver or Indian custodian served:			
	(6) Attorney for child welfare services agency (dependency only) served:		
(a) Address:	(a) Address:		
(h) Data of dancaits	(b) Date of deposit:		
(b) Date of deposit:(c) Place of deposit:	(c) Place of deposit:		
(7) Name of Depart (if solf represented)			
(7) Name of parent (if self-represented) or parent's attorney (if applicable) served:	(b) Blowlet / Morriely		
(a) Address:	(delinquency only) served: (a) Address:		
(b) Date of deposit:	(b) Date of deposit:		
(c) Place of deposit:	(c) Place of deposit:		
c. Attachment. If there are additional persons to serve, attach child's name and case number on the top, and list additional times of delivery or deposit, and whether service was made	persons' names, addresses, dates of delivery or deposit,		
declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.			
Date:			
	<u> </u>		
(TYPE OR PRINT NAME)	(SIGNATURE OF PERSON WHO SERVED NOTICE)		